

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/56234

FILING DATE

27 MAR 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2						
3						
4						
5						
6						
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9						
10						
11						
12						
13						
14						
15			1			
16				/		
17				/		
18				/		
19				/		
20				/		
21				/		
22				/		
23				/		
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49						
50						
TOTAL IND.	X	↓	1	↓		↓
TOTAL DEP.	14	←	14	←		←
TOTAL CLAIMS	15		15			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						